## MedLux® GPI Quote Checklist

MRI-Safe & NON-MRI LED lighting system

\*\*One Checklist Per Room\*\*

PROJECT INFORMATION	Today's Date:			
Project Name:				
Project Address:				
Project City:	State:	Zip:		
Is a reflected ceiling plan available?  If yes, please include with quote checklist.  Is a lighting schedule available?  If yes, please include with quote checklist.  Is this a MRI or NON-MRI Application?  MRI  Magnet Manufacturer/Model:	Will the ground of Yes, p  Non-MRI  Non-MRI  If No, p  NOTE: A) EN	GRAPHICS  Will the graphic(s) be ordered through Everbrite?		
What size boxes? (List only ONE system per Checklist)  2' x 2'  2' x 4'  4' x 4'  Number of boxes (fixtures)?  Overall size of system? (i.e. 4x6, 8x8, etc.)  See System Selection Guide on our web site for questions regarding system size.  DIMMING CONTROLS (Choose one - required)  MedLux Dimmer (choose location below)	Everbrite is responsible  FILTERS/  Will signa			
		lity filter be quoted by Everbrite?  leeded to filter the power.	Yes No	
	ing system size.  If the inpu is required	t voltage coming into the room is over d. Will Everbrite need to quote/provide	this transformer?  Yes No	
<ul><li>Scan/Shield room dimmer (SR)</li><li>Control room dimmer (CR)</li></ul>	Di	Drawings and installation instructions are located on our web site.  Please contact Everbrite for additional information.		
No Dimmer (on/off switch provided by others)  3rd Party Dimmer  XLIM/Digital Module needed	Spe ai	ecial Note: Three (3) Way Dimming ar re not currently offered/supported with	nd DMX Controllers this product line.	
<ul> <li>XLAM/Analog custom module needed</li> </ul>				



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